

INSTRUCTIONS FOR FORM B

NOMINATION FORM LOCAL YOUTH COUNCIL

Complete Each of the Corresponding Numbered Items

1. List the name of the person being nominated.
2. Enter the official name of the Local Workforce Investment Board.
3. Enter the date the nomination form is submitted to the Chief Local Elected Official.
4. Enter the work address of the person being nominated.
5. Enter the city where nominee works.
6. Enter the county where nominee works.
7. Enter the State where nominee works.
8. Enter the zip code of work location.
9. List the home phone number of nominee, including area code.
10. List the work phone number of nominee, including area code.
11. List the work fax number of nominee, including area code.
12. Provide an E-mail address, if available.
13. Check the box for the gender and race characteristics of the person being nominated.
14. Check the box for the sector for which the person is being nominated. If the person is representing more than one sector, check all that apply. Be sure to fill in the corresponding sector information in sections 15 through 21.
15. Provide the title, name of organization and type of business of the Local Board nominee.
16. Provide the title and name of the Youth Organization for the Youth Service Agency nominee.
17. Provide the title and name of the organization for the Local Housing Authority or Tenant Organization nominee.
18. Provide the name of the Title I WIA youth, whose parent is the nominee.
19. Provide the title, name of organization and nature of the business (education, youth human service, mentoring, scouting, other organizations with expertise in youth policy/services) of the former youth participant nominee or other nominee representing youth service experience.
20. Provide the title, name of organization and location of Job Corp Center (if different from number 4 above) for Job Corps nominee.
21. Provide the title of the "optional" nominee and the name of the organization the nominee represents.
22. For the "nominating organization, entity or individual," enter the following:
 - Local Workforce Investment Area (LWIA) # assigned by the State,
 - Signature of nominator and date signed,
 - Printed/typed name of nominator,
 - Nominator's organization, unless an individual
 - Phone number, fax and E-mail of nominator.